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_{Form} . 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

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<u>A</u>	FOT T	ne 2009 ca		ear, or tax year begi			2009, and			MA	Y 31		10	
_		applicable	Please use IRS	C Name of organization							_	nployer ide		
	Address	s_change	label or	Doing Business As FF				38			2		759300	<u> 55 </u>
	Name o	change	print or type	Number and street (or P.O.	box if mail is not delivere	d to street addr	ress) F	Room/surte		ı	E Te	lephone nu	mber	
	nitial re		See	568 SOUTH 2ND ST	TREET						(54	11)	267-66	13
	Fermina		Specific Instruc-	City or town, state or c	ountry, and ZIP + 4									
		ed return	tions.	COOS BAY, OR 974	420						G Gro	oss receipts	\$	
			F Nan	e and address of principa										[7]
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	Tay-ay	compt status	. [7] :	24/2\ / 0 \ 24 (112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ 4047(a\/4\) as			· · · · · · · · · · · · · · · · · · ·				ates include		
		cempt status	, 1712	01(c) (8) ◀ (insert no.)	4947(a)(1) or	<u> </u>			1			ich a list. (s		ons)
		site: ▶	77						H(c) G	roup e		on number 🕨		
				ration 🔲 Trust 🛄 Associat	on L Other ▶		L Year o	f formation			M Sta	ate of legal	domicile.	·
Pá	art I	Summ	ary											
	1	Briefly de	escribe	the organization's m	ission or most sid	onificant ac	ctivities:							
_				NG PĔOPLE		-								
Activities & Governance	}	RAISING	MON	Y FOR CHARITIES			_							
Ē								·						
ě	١,	Charle Main	l	if the organization disc	continued its operation		d of more t	han 25% of						
3					=	-						2		704
*5				g members of the go							.	3		704
Sen				endent voting mem		ning body	(Part VI,	line 1b)				4		0
Ξ	5	Total nun	nber of	employees (Part V,	line 2a)						. _	5		9
Ä	6	Total nun	nber of	volunteers (estimate	if necessary) .						. _	6		704
	7a	Total gro	ss unre	ated business reven	ue from Part VIII.	column (C	C). line 12	2		_	. 1	7a		0
	b	Net unrel	lated bi	siness taxable incor	ne from Form 990	D-T, line 34	ĺ				. [7	7b		0
									Pri	or Ye	ar		Current Ye	ar
	8	Contribut	tione ar	d grants (Part VIII,-II	バピわ						209	82		21809
9								• • -				<u> </u>		2.000
Kevenue				revenue (Part VIII, li				· ·			20	04		020
ě	10	Investme	nt inco	ne (Part VIII Columb	(A), lines 354, ar	nd 7d) .					28	-+-		938
				Part VIII, column (A),				. <u>:</u> . •			2130			29150
				dd lines 8-through -1-1-							<u> 2369</u>	49	1	<u>51896</u>
	13	Grants ar	nd sımı	ar amounts paid (Pa	t IX, column (A),	lines 1-3)		L_			<u> 119</u>	19		6439
			nefits paid to or for members (Part IX, column (A), line 4)						25 124884		25			
Ses	1										1248	84	1	23368
Expenses				Iraising fees (Part IX,	•	, ,	-	, I						
꿃	1			expenses (Part IX, co						-		_		
_			_	*							731	69		68234
				(Part IX, column (A),							2099			98041
	18	Power exp	enses.	Add lines 13-17 (mu	ist equal Part IX,	column (A), IIne 25	" ·						
- 6	19	Revenue	iess ex	enses. Subtract line	18 from line 12 .	<u> </u>	··		 -		269			46145)
0 B								Beg	luning				End of Ye	
Assets or d Balances	20	Total ass	ets (Pa	t X, line 16)							<u>6655</u>	41		<u> 19396</u>
ŽΒ				Part X, line 26)								0		0
F		Net asset	ts or fu	nd balances. Subtrac	ct line 21 from lin	e 20		<u>l.</u> -			6655	41		19396
Pa	irt II	Signa	ature	Block										
		Under pe	nalties of	penjury, I declare that I have	e examined this return	n, including ac	companyir	ng schedule	s and s	taten	nents, a	and to the b	est of my k	nowledge
		and belief	r, it is tru	, correct, and complete. I	Declaration of prepare	r (other than o	officer) is b	ased on all	ıntorma	ation	of whic	ch preparer	has any kn	owledge
Sig	ın	1		Sol Ma	ns 60 -					i	18	9 11 1	7	
He		Signa	ature of c	fficer	77.00	····				Date	 -			
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		у тура	V Pilit	and the				I Ch-al						
		Preparer's				ļ	Date	Check	N 11			er's identifyi structions)	ng number	
Paid		signature	•						yed ▶	$ \Box $	1000 111			
	Darer's													
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Mar	v the			return with the prep	arer shown above	e? (see ins	structions	<u> </u>					Yes	No
<u></u>		4,000				- , , , , , , , , , , ,		-/	<u> </u>	<u> </u>	<u></u>	<u> </u>		

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Fraternal Order of Eagles, an international, non profit organization, unites fraternally in the spirit of liberty, truth, justice and equality to make human life more desirable by lessening its ills, and promoting peace, prosperity, gladness and hope.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d 	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4-	Total program service expenses ▶

a	Officerist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١,
	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√ °
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		を変え	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		4.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		,

Pa	Statements Regarding Other IRS Filings and Tax Compliance	 -	,	
	Г-	\dashv	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
_	U.S. Information Returns. Enter -0- if not applicable			
	Enter the named of Comb W 2d included in line 1d. Lines -0- in not applicable			
	garming (garmoning) to prace withinties.	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1		1
_	Statements, filed for the calendar year ending with or within the year covered by this return	2b	1	
D	at least one is reported on the Eagland the organization file all required reaction employment tax retains.		•	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		1
_		3b	\dashv	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	~		<u> </u>
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
		5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding]	1
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	F-7	7a		1
	in 100, and the organization noting the denter of the years of all years provided:	7b		V
	· · · · · · · · · · · · · · · · · · ·	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal behind contract?	71		✓
g	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ŀ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			~
а	The dispersion make any tanable distributions and of section 4000.	9a	\longrightarrow	1
b	and dispersion make a distribution to a donor, donor advisor, or related personnic.	9b		✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12		ļ	
a	militari visto di la dapitari della la moladada di l'art vini, imo 12.		ĺ	
. b	a see receipts, included on rollin boo, rait viii, into 12, for public use of clab facilities		1	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		į	
a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a		2a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	_		<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

b 2	Enter the number of voting members of the governing body		Yes	No
b 2	Enter the number of voting members that are independent			}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
	any other officer, director, trustee, or key employee?			
3	Did the experient delegate central ever management duties quetomorily performed by or under the direct	2		✓
	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		✓
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
	Does the organization have members or stockholders?	6	✓	<u></u>
	Does the organization have members, stockholders, or other persons who may elect one or more members			1
	of the governing body?	7a	✓	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	\	
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	1	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11		✓
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b		1
			-	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
	Dona the company to a bound of the block of	13	 -	1
	- · · · · · · · · · · · · · · · · · · ·	14		1
	Does the organization have a written document retention and destruction policy?	,,,		
	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		1
		15b	-	1
	Other officers or key employees of the organization	:30	 	·
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		
	with a taxable entity during the year?	104		-
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		i
	tion C. Disclosure	.00	L	
	List the states with which a copy of this Form 990 is required to be filed ► OREGON			• • • • • • •
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	;)(J)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► ROBERT MANSKE - 568 S 2ND STREET - COOS BAY, OR 97420 541-267-6613	rds o	f the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all	that ap	ply)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEVE SCIBELLI	_								0	
JR. PAST PRESIDENT	5			√			<u>L</u> .	0	0	0
TERRY JONES	20								0	
PRESIDENT	20			1		<u> </u>		Q .	U	0
LARRY BINGHAM	5								0	
VICE PRESIDENT	3		<u> </u>	✓	1	1		0	U	0
HENRY MOELLER	5							0		^
CHAPLAIN	3	<u> </u>	<u> </u>	1				U	0	0
ROBERT MANSKE	40			Γ				0		
SECRETARY	40			1				0	0	0
DOUG KARR	20							0		^
TREASURER _	20			1				U	0	0
CHEVALO DE LA CRUZ	5			Γ						
CONDUCTOR	3			✓				0	0	0
JOHN RIDER	5	F								^
INSIDE GUARD	3			1	L			0	0	0
WILLIAM LANDLES	5									
OUTSIDE GUARD	3		<u> </u>	✓				0	0	0
FRED WALSH	10									
TRUSTEE	10			✓				0	0	0
BRYAN VERMILLION	10							0	0	
TRUSTEE	10			✓	L				U	0
DAVID RUDD	10									
TRUSTEE	10	<u> </u>] .	√				0	0	0
PAUL TRUJELLO	40	T								
TRUSTEE	10		L	1				0	0	0
			L	L		l	<u> </u>	l		
						Ī				
						1				
						1				
			1	1		1		 		

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hest	t Compensated	i Employees (c	ontinue	d)	
	(A)	(B) (C)							(D)	(E)		(F)	
	Name and tritle	Average hours per week	<u> </u>	- `		-		compensation compensati		Reportable compensation from related	n amount of		-
			Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	pensati rom the ganizati d relati anizati	ed
													.,
1b	Total							•			1		
2	Total number of individuals (including but in reportable compensation from the organization)		to the	ose	liste	ed a	above) wh	no received mo	ore than \$100,0	00 in		
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3		/
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4		
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes." comp	 comp lete :	pens Sch	 satıd edu	on f Je J	rom a for s	any ach	unrelated organization	anızation for	5		
Se	ction B. Independent Contractors										1		
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ctor	rs that received	d more than \$1	00,000) of	
	(A) Name and business add	Iress							(B) Description of se	ervices	(C Compe		1
N/A											-		
								-			- nu	· <u>-</u>	
2	Total number of independent contractors (i more than \$100,000 in compensation from	ncluding bu	ıt not izatio	lim n ►	ited	to t	those	liste	ed above) who	received			

Pari	: VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돲	1a	Federated campaigns 1a					,
Contributions, gifts, grants and other similar amounts		Membership dues 1b	15227.00				
B, E	С	Fundraising events . 1c					
ig i	d	Related organizations 1d					
ns,	e	Government grants (contributions). 1e					
er s	f	All other contributions, gifts, grants,					
ēŧ		and similar amounts not included above 1f	6581.65				
ig of		Noncash contributions included in lines 1a-1f. \$					
0 8	h	Total. Add lines 1a-1f		21808.65			
an L			Business Code				J
ē.	2a						
e ec	þ						
Ž.	C	•••••	1		·····		
Š	d						
Ē	e	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f					
	3	Investment income (including dividend other similar amounts)	ds, interest, and	938.08			
	4	Income from investment of tax-exempt bo					, ,
	5	Royalties	(ii) Personal				· · · · · · · · · · · · · · · · · · ·
	١.		(ii) Personal				
		Gross Rents					
		Less: rental expenses Rental income or (loss)	+				
		Net rental income or (loss)	<u> </u>				لـــــــــــــــــــــــــــــــــــــ
			(ii) Other				
	/a	Gross amount from sales of assets other than inventory	- 				
	h	Less: cost or other basis					
	"	and sales expenses .					
	c	Gain or (loss)			_		
	d		>				
ē	8a	Gross income from fundraising					
enne		events (not including \$					
		of contributions reported on line 1c).					
<u>.</u>		See Part IV, line 18					, i
Other Rev	b		249224.14				
0	C	Net income or (loss) from fundraising	events , . ▶	25920.02			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	•	Net income or (loss) from gaming acti	ivities >		· · · · · · · · · · · · · · · · · · ·		
	пОа	Gross sales of inventory, less	247180.09				ł
	_	returns and allowances	*				į
		Less: cost of goods sold It Net income or (loss) from sales of inven		103229.23			
	Ť	Miscellaneous Revenue	Business Code	100225.20			
	112					-	;
	b						-
	~		- T	· · · · · · · · · · · · · · · · · · ·			
	4	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		151895.98			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete column

	All other organizations must complete col	umn (A) but are no	t required to com	piete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6438.91			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors, trustees, and key employees	8207.50			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87332.90			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	722.25			
9	Other employee benefits				
10	Payroll taxes	27104.91			
11	Fees for services (non-employees):				
	Management				
	Legal		· · · · · · · · · · · · · · · · · · ·		
	Accounting				
	Lobbying		· ····································		
_	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees	·			
	Other	349.00			
12	Advertising and promotion	3879.82	·		
13	Office expenses	3079.02			
14	Information technology				
15	Royalties	30069.13			
16	Occupancy	30003.13			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0504.00			
19	Conferences, conventions, and meetings	2534.00			
20	Interest	0005 50			
21	Payments to affiliates	9625.50			
22	Depreciation, depletion, and amortization .	8884.00			
23	Insurance	0004.00	 		
24	Other expenses Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ASSOCIATION DUES	30.00			
b	MUSIC	10175.00			
C	BANK CHARGES	1043.44			
ď	OFFICERS BONDS	0			
e	LICENSE/PERMITS	1644.40			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	198040.76			
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part X **Balance Sheet** (B) End of year Beginning of year 9400.00 1 9400.00 155097.00 2 156020.00 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 8 8 9 other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 501044.00 501044.00 10c 453976.00 11 11 12 12 Investments-other securities. See Part IV. line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets, See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 665541.00 16 619396.00 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities. Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ğ Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds 32 ž 33 33 Total liabilities and net assets/fund balances . . . 619396.00 665541.00 34

Form	990	(2009)

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Part XI Financial Statements and Reporting								
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓				
	Were the organization's financial statements audited by an independent accountant?							
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		}					
	issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

STATEMENT OF REVENUE PART	VIII
DESCRIPTION	CREDIT
DONATIONS LINE 1f	
DIABETES	542.00
NORTH BEND POOL	261.5
WORTHY PRESIDENT PROJECT	3534.29
BUILDING REPAIR FUND	565.5
SWP PROJECT - OREGON BURN CENTER	341.62
SWOYA	256.0
MISCELLANEOUS	145.2
POINTMAN MINISTRIES	253.2
BENEFIT DINNERS	609.4
SPECIAL OLYMPICS	25.00
	47.7
TOTAL	6581.6
LINE 1b	
DUES FROM MEMBERS	14567.0
FEES FROM NEW MEMBERS	660.0
TOTAL	15227.0
LINE 3	
BANK INTEREST	15.6
CD INTEREST	922.4
TOTAL	938.0

DESCRIPTION	CREDIT	DEBIT
INCOME	LINE 8a	LINE 8b
NSF CHECKS COLLECTED	1600.00	3309.00
ROOM USE	5470.00	
SPECIAL EVENT/MEMBERSHIP PROMOTION	474.00	
VIDEO LOTTERY	217577.05	
VIDEO ELECT		161504.03
KENO	43866.00	·
KENO ELECT		37405.45
SCRATCH OFFS	3730.64	
SCRATCH OFFS ELECT		4089.85
LOTTERY PHONE LINES		1260.00
POPCORN	127.00	.,,
AUX. PAY FOR COPIER & COPIES	410.00	
AUX. PAY FOR PANTRY	310.00	
ATM SURCHARGE	522.47	
ATM REPAIRS & SUPPLIES		272.00
BUILDING & PARKING LOT MAINTENANCE		40385.00
MEMORIAL LUNCHEONS	807.00	701.31
JACKETS-PINS & MISC. SALES	250.00	297.50
TOTAL	275144.16	249224.14
	PAGE 2	

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	DESCRIPTION	CREDIT	DEBIT
	INCOME	LINE 10a	LINE 10b
	BAR RECEIPTS	243171.37	
	BAR PAYOUTS		123081.34
	BAR SUPPLIES		8613.55
	ZOO ANIMALS	855.47	
<u> </u>	JUKE BOX	3153.25	
	KITCHEN SUPPLIES		1325.6
	SOCIAL ROOM MAINTENANCE		10930.37
	TOTAL	247180.09	143950.86

STATEMENT OF EXPENSES PA	STATEMENT OF EXPENSES PART IX	
DESCRIPTION	CREDIT	
·		
DONATIONS PAID LINE 1		
RELAY FOR LIFE (CANCER)	165.00	
POINTMAN MINISTRIES	253.25	
MR. BULLDOG NB	25.00	
NB SWIMMING POOL FUND	1,399.67	
WORTHY PRESIDENT'S PROJECT	2,239.67	
BENEFIT FOR MEMBERS HOUSE FIRE	509.44	
SPECIAL OLYMPICS	20.00	
SWP PROJECT - OREGON FOOD BANK	1,051.88	
SMP PROJECT - CAMP UPWARD BOUND	600.00	
MISCELLANEOUS DONATIONS	50.00	
CHIEF'S OF POLICE FAMILY FUND	125.00	
TOTAL	6,438.91	
	PAGE 1	

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LINE 5	
SECRETARY PAY	8,207.50
WAGES LINE 7	
BARTENDERS	75,439.55
CUSTODIANS	11,893.35
TOTAL	87,332.90
LINE 8	
PENSIONS	722.25
LINE 10	
SAIF	2,560.43
SAIF DIVIDEND	-521.00
FUTA & SUTA	2,430.04
FEDERAL PAYROLL DEPOSITS	17,420.72
STATE PAYROLL DEPOSITS	5,214.72
TOTAL	27,104.91
LINE 12	
ADVERTISING	349.00
LINE 13	
OFFICE SUPPLIES	1,595.94
POSTAGE	2,283.88
TOTAL	3,879.82
	Page 2

LINE 16	
TELEPHONE	3,083.48
UTILITIES	26,985.65
TOTAL	30,069.13
LINE 19	
CONVENTIONS & MEETINGS	2564.00
LINE 21	
GRAND PER CAPITA TAX	8155.50
STATE PER CAPITA TAX	1470.00
TOTAL	9625.50
LINE 23	
INSURANCE	10248.00
INSURANCE REFUND	-1364.00
TOTAL	8884.00
	page 3

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	LINE 24	
а	ASSOCIATION DUES	30.00
b	MUSIC	10175.00
С	BANK CHARGES	1043.44
d	OFFICERS BONDS	
	TOTAL	11248.44
е	LICENSE	
	CITY LICENSE	25.00
	CARD TABLE	120.00
	STATE LIQUOR	250.00
	ANNUAL PICNIC	125.00
-	CORPORATE FEES	50.00
	POSTAL BOND INSURANCE PREMIUM	180.00
	ELEVATOR PERMIT	98.56
	SECURITY SYSTEM	795.84
	TOTAL	1644.40
-		
-		
		page 4

CD'S LINE 46	
 US BANK - 000353605621013	22390.51
US BANK - 000353605005902	28372.04
 US BANK - 000353605005894	28243.75
 US BANK - 000353605178287	22627.32
US BANK - 000353605858136	26007.45
US BANK - SCREAMIN EAGLES INNER CLUB	2807.26
 US BANK - 53657151590 (MONEY MARKET)	25571.24
TOTAL	156019.57

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